

# Addressing Pierce County Chlamydia (CT) Rates through Increasing Client Interviews and Partners Treated



## Description of the problem and benchmarks/ targets

- Chlamydia (CT) is the most commonly reported notifiable condition with over 3,000 cases reported each year in Pierce County
- CT infection is a main cause of pelvic inflammatory disease and infertility
- Pierce County has the second highest rates of CT in Washington with rates increasing significantly
- CT was selected as a Priority Health Indicator by TPCHD QI Council

## Change Theory

- Increased access to testing and treatment will prevent disease transmission and reduce incidence

## Aim Statement

- We established a target of reducing the % of representative Pierce County CT tests that are positive from 10.5% in 2007 to 8% in 2010

## QI Tools Used

- Root Cause Analysis (Fishbone): Identified need to increase interviews and partners treated.
- Affinity diagram- identified subgroups in target population
- Logic Model: Identified appropriate actions for desired outcomes.
- Program Work Process Data (# interviewed, # treated): Identified improvement over time.

## PDSA Description

Work group of five (division director, program supervisor, clinic lead, network nurse, educator, and epidemiologist) analyzed existing data and barriers to improve interview numbers and partners treated. Team meets twice a month to review data, discuss progress, and brainstorm solutions.

- Reorganized staff roles and responsibilities to streamline work three times.
- Moved case surveillance to one person.
- Revised staffing model Identified work teams for provider work
- Developed data feedback loop for disease investigators
- Implemented weekly data review for real time feedback.

## Disease Investigation Team



## Health Outcomes

- Percentage of Chlamydia tests that are positive has declined for two years and is the lowest rate since 2003
- In 2009 the number of CT cases was the same as 2008 – overall CT has been increasing since 2000

## Process Outcomes- Increased Productivity

	07	08	09
Interviews	849	1,706	2,485
Partners Tx'd	293	1,330	2,125

## Lessons Learned

- Timing of work performance data effects performance. Data four weeks ago is less valuable than data from previous week.
- There is a point of maximum capacity for quantity. After which, to continue improvement, focus must shift from quantity to quality of each encounter.
- The consistent meetings (planning and evaluation) of CT Group provided focus on CT activities and driving continued improvement.

## Future Plans

- CT work group continues to meet to review progress and address issues.
- Shift focus from internal QI to working with external medical providers to improve their partner treatment efforts.
- Implement new project specific CT work teams.